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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1269 OF 7276 (check only one)    X   11a				
A OI	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mag	y not be sold or used by any per Idress of any political committee	son for the to solicit cor	purpose of s	soliciting contributions		
	NAME OF COMMITTEE (In Full)  Democratic Senatorial Campai	*		·	•			
Α.	Full Name (Last, First, Middle Initial) Edward Goodwin			Date of Receipt				
	Mailing Address 559 Short Beach Rd			M M / D D / Y Y Y Y O8 07 2012				
	City Stratford	State CT	Zip Code 06615-7630	<del> </del>	action ID : C	6922451		
	FEC ID number of contributing federal political committee.	* <b>C</b> *	100 mg/s/2000 mg	_ Amount	of Each Re	1000.00		
	Name of Employer Yale University	Occupation Scientist		_				
	Receipt For:  Primary General  Other (specify) ▼		/ear-to-Date ▼ 1500.00					
В.	Full Name (Last, First, Middle Initial) Neil Goodwin			Date of Receipt				
	Mailing Address 71 Washington Ave.			мм/ р р / у у у . у				
	City Cambridge	State MA	Zip Code 02140-2716	Transa	08 27 2012  Transaction ID : C6978563  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	. <b>C</b> ∜	gen (night intigense gjener gjenster) Store (til en stiller en stiller en en					
	Name of Employer Peace River Films	Occupation Film Produce	r					
	Receipt For:  Primary General  Other (specify) ▼	1 ( ± 7/2 ×	ear-to-Date ▼ 1000.00					
	Full Name (Last, First, Middle Initial) Sally Goodwin			Date of	Receipt			
	Mailing Address 3677 Woodland Hall Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Clinton	State WA	Zip Code 98236		Transaction ID : C6972297  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C				200.00		

Occupation

Aggregate Year-to-Date ▼

2050.00

physician

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Name of Employer

Primary

Other (specify) ▼

General

Self-Employed

Receipt For:

1700.00